

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019626

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 210

Primary Registration District No.

Registrar's No. 347

STATE FILE NUMBER

FILED MAY 22 1962

## 1. PLACE OF DEATH

a. COUNTY

Mercer

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Putnam

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN Princeton

Length of stay in lb

27 day

c. CITY

OR

TOWN Unionville

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Axtel Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

125 S. 22 rd St.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Grover

Middle

Dennis

Last

Daily

4. DATE

OF

DEATH

Month

Day

Year

5-17-62

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

9-27-84

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months Days Hours Min.

7 20

## IF UNDER 24 HR

Hours Min.

7 20

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Lemons Mo.

USA

## 13a. FATHER'S NAME

James Daily

## 13b. MOTHER'S MAIDEN NAME

Florence Banner

## 14. NAME OF HUSBAND OR WIFE

Lillian Daily

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Morris Daily-Mercer, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

myocardial failure

## INTERVAL BETWEEN

ONSET AND DEATH

1 hr.

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

## DUE TO (b)

nephritis

30 day

## DUE TO (c)

Atherosclerosis

yes -

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-21-62 to 5-17-62 and last saw him alive on 5-17-62

Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Geo J. Dawson D.O.

## 22b. ADDRESS

Mercer, Mo.

## 22c. DATE SIGNED

5-12-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

5-19-62

## 23c. NAME OF CEMETERY OR CREMATORY

Lemons Cem.

## 23d. LOCATION (City, town, or county)

Lemons Mo.

## (State)

## 24. FUNERAL DIRECTOR

F.O. Husted &amp; Son-Unionville, Mo.

## 25. DATE RECD. BY LOCAL REG.

5-18-62

## 26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 1650

2 0860

3

4 0

5 1

6

7 0

8 2

9446X

10

11

12 1-2

13 1-0

AUG 3 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Muril E. Foster

Licensed Embalmer No. 53504

P. O. Address Unionville no

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.